

Porthaven Care Homes No 3 Limited

Upton Mill Care Home

Inspection report

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14 December 2021

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Upton Mill Care Home is a 'care home' registered to provide care for up to 64 older people and people living with dementia in a purpose-built building in the town of Tetbury. At the time of our inspection 34 people lived at the home.

People's experience of using this service and what we found

People, their relatives and staff consistently praised the leadership in the home and the quality of care people received.

The personalised care people received was exceptional and the service was outstandingly responsive to the needs of people and particularly to the changing needs of people living with dementia. Activities available to people were highly personalised and the home went out of their way to ensure people had a stimulating and enjoyable engagement and built solid links with the local community.

People received care and support from a consistent staffing team. Staff spoke positively about the support they received and how this promoted person centred care.

Staff understood people's needs and how to assist them to protect them from avoidable harm. Care plans and risk assessments were in place, which provided staff with guidance on how to meet people's needs and manage identified risks.

People were supported to receive their medicines safely and as prescribed.

People were supported by staff who had been trained and supported to meet their needs. People and their relatives spoke positively about the caring nature of staff.

The service had infection control processes and systems in place to reduce the risk of people contracting COVID-19.

We received positive comments from people using the service at Upton Mill Care Home and their relatives such as; "If I had a friend who wanted a home I would say it would be hard to find a better home, I absolutely love all the staff" and "Absolutely would recommend in fact have to a friend of my sister's father. I have no hesitation recommending. They are great, so pleased [person] has had the time with them. I am completely satisfied."

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were consulted about meal preferences and enjoyed a varied diet. People's health care needs were met through on-going guidance and liaison with healthcare professionals.

There was a robust quality assurance system in place to ensure people received the best possible service. The registered manager worked closely with partner agencies and services to promote best practice within the service and make a positive impact to people's lives. The registered manager had developed a strong leadership team within the service to ensure the high standards implemented were sustained while they undertook responsibilities in another home.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

This service was registered with us on 18/08/2020 and this is the first inspection.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 10th December 2021 and 14th December 2021.

This was a planned inspection based on the service being newly registered.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last inspection, by selecting the 'all reports' link Upton Mill Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Upton Mill Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Due to the service being affected by Covid -19 and being in an outbreak due to positive case within the staffing team only, we limited our movement in the home. We used technology such as electronic file sharing and phone calls to engage with people using the service and staff. One inspector visited the home. During the inspection visit we looked at evidence which could not be submitted electronically and spent time observing the environment, staff practices and interactions with people in a safe way and for the shortest amount of time feasible.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Upton Mill Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. This included notifications about important events at the service and feedback shared directly with CQC. We used all this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We safely observed staff interacting with people and looked at the premises. We spoke with twelve members of staff including the registered manager, the acting home manager, two team leader, the head of housekeeping, the head chef, an activities coordinator, the clinical lead, a senior care assistant, the home trainer and two care assistants. We spoke to four people who use the service. We also spoke to four people's relatives. We reviewed a range of records. This included five people's care records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including audits and safety checks were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at the evidence submitted electronically by the provider. We spoke with one professional who regularly visit the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives all told us they felt safe living at Upton Mill Care Home. People told us; "I feel very safe. They are very careful" and "I feel safe in every way."
- People were protected from the risk of abuse by staff who had the knowledge and understanding of the provider's safeguarding policies and procedures. Staff described the arrangements for reporting any allegations of abuse relating to people using the service and were confident any issues would be dealt with appropriately.
- The provider kept track of any concerns raised and identified lessons learnt.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and actions needed to mitigate risk were available for staff to refer to. This included how to support people at risk of choking to eat safely, helping people to manage their risk of falls and their risks related to skin integrity. Other people received support to manage their risks relating to their diabetes, oxygen therapy and anxieties when living with dementia.
- Staff were aware of people's risks and the support they needed to remain safe. We observed staff supporting people to eat and walk safely.
- Changes in people's risks were promptly identified and referrals to health care professionals were made in a timely manner. For one person, a referral was made for a Speech and Language Therapist (SALT) to support following staff seeing them cough while eating and interim measures were put in place to mitigate the risk of choking while waiting for professional advice.
- Environmental risks to people were managed safely. Risk assessments and safety checks had been carried out to reduce the risk of fire and legionella.
- Monthly fire evacuation drills were undertaken to ensure staff knew how to respond to protect people in the event of an emergency and to review the effectiveness of people's personal evacuation plans.

Staffing and recruitment

- The provider safely recruited staff following pre-employment checks to ensure people were cared for by suitable staff.
- The provider and registered manager are working in a sector with significant work force challenges. Recruitment was ongoing to fill staff vacancies. In the interim agency staff were used to maintain the assessed staffing levels, the management team actively supporting on the floor and existing staff worked additional hours.
- At the time of the inspection, the home had a Covid -19 outbreak and positive cases were registered within the staffing team. The provider had a contingency plan in place should the current outbreak of Covid -19

impact on the home's workforce.

- People and relatives told us there was enough staff.
- People told us; "They come immediately, there is always somebody", "Staff don't take many seconds to come" and "Staff take trouble to call me by name and go out of their way to see you are happy, they make time to have a chat, never feel they are in a rush."
- Relatives told us; "They check on [person] regularly and when I visit people are popping in" and "They check [person] regularly as [person] doesn't use a call bell." We also observed staff responding promptly to people's requests for assistance during mealtimes and staff had the time to chat with people.

Using medicines safely

- People received their medicines safely as prescribed. People told us; "They do medicines wonderful they help with that; I am happy and grateful" and "They do medication, happy with that and signed a form to say they can do it."
- Where people expressed a wish to administer their own medication, this was encouraged, and the risk was mitigated involving the person.
- Appropriate arrangements were in place for obtaining medicines. The home received people's medicines from the pharmacy each month and medicines were checked and recorded onto the electronic system.
- Medicines were kept safely in a locked medicine trolley stored in specially designated medicine rooms.
- The home had an E-MAR (electronic medicines administration record) system in place which supported the monitoring of medicine administration and this was used to identify and respond to any anomalies or alerts if medicines were late or omitted.
- Staff received medicine training and competency assessments to ensure they had the skills to administer medicines safely. Staff confirmed they felt competent in supporting people with their medicines.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

The provider took immediate action to implement additional IPC measures following feedback and placed additional PPE stations and hand dispensers around the home.

Learning lessons when things go wrong

- Systems were in place for staff to report and record any accidents and/or incidents. These would then be reviewed by the registered manager to ensure the provider's policy was followed.
- Lessons learnt were identified and acted upon following accidents and incidents such as allegations of abuse and medicines errors. Learning for the home was also identified following concerns and complaints received.

- Lessons learnt are discussed in the home's monthly clinical governance meetings.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this

Staff support: induction, training, skills and experience

- All the staff we spoke with were positive about the training and support they received. One staff member told us; "It's brilliant training here" and another staff member described their three-week induction period as "An opportunity to learn a lot."
- Staff received the support, supervision and training they needed to meet people's needs. The home had a trainer who oversaw the induction and training and was involved in assessing staff competencies as per the provider's procedures.
- In situations where training sessions had been delayed due to the COVID-19 pandemic, observation of staff's working practices were completed to ensure staff continued to have the required skills and knowledge.
- Senior staff received specific training to meet people's health needs from appropriate health professionals, such as catheter training, NEWS 2 (National Early Warning Score) and tissues viability. Their knowledge and skill were also assessed to ensure they were competent to carry out this task.
- The staff also received leisure and wellbeing training which provided guidance on how to involve people in activities and keep accurate recordings of this engagement.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The clinical lead nurse described how people's needs were assessed prior to admission to determine whether the home was suitable and could meet their needs fully. One person told us; "I feel they know people well, they are happy to hear about things and have time to sit and talk about things."
- Information gathered in the assessment included the persons mobility, nutritional needs, medicines, tissue viability, continence and oral health. They assured that the person had an initial care plan in place and the equipment required to meet their needs on admission; which for one person included a commode and a pressure relief air mattress.
- People's relatives were positive about the assessment process and the home's knowledge of their relative's needs. Comments included; "They all know [person], same staff, regular staff"; "The plan was done, and I was involved, they asked about what [person] did before, interests etc" and "I was involved in care plan, they have developed strategies for example if [person] doesn't want to take their medication they will take a cup of tea and sit and chat with [person]."

Supporting people to eat and drink enough to maintain a balanced diet

- We received positive feedback about the food available. People told us; "Food is very good; I am diabetic I get diabetic jellies and ice cream" and "Food is marvellous, like being in a hotel." A relative said; "There is a choice of food, the food is fantastic" and "The food is excellent, so [person] has enjoyed it."

- We observed people being supported at lunchtime. People could choose where they wanted to eat. Some people were supported to eat in their rooms while others were having their meal in the dining area. The food was very well presented. The chef told us that meal choices are taken from people daily and we saw that alternatives had been made available to people who chose to eat something else.
- People were supported to eat and drink safely and their care plans provided this information. Staff including catering staff, could describe the support people needed to reduce the risk of them choking or to manage risk of malnutrition. When required people were weighed each month, or weekly if necessary. For those people losing weight meals were fortified and snacks were available.
- Nursing and care staff kept the catering team informed of people's nutritional and dietary requirements and this was included in people's pre-admission assessment. Short daily heads of department meetings kept staff informed about any changes in people's dietary needs. The head chef also spoke to people on admission and during 'Resident of the Day' care review meetings to discuss their likes and dislikes so that these could inform meal preparation.

Staff working with other agencies to provide consistent, effective, timely care and Supporting people to live healthier lives, access healthcare services and support

- Staff were observant and noted when people were unwell. Health and social care professionals' advice was sought promptly when needed.
- People were registered with a local GP practice and were supported to make appointments and access a wide range of health care professionals. This included tissue viability nurse specialist, dietitians, physiotherapists, occupational therapists and speech and language therapists when needed.
- People were also supported to arrange appointments with opticians, dentists and chiropodists if required and visiting services could be arranged for those with poor mobility or dementia.
- People had specific oral care plans that were reviewed monthly stating details of the support people required to maintain their oral health.

Adapting service, design, decoration to meet people's needs

- The home was purpose built and decorated to a high standard. The various areas of the home were designed with people's needs in mind. People and relatives liked the home environment. One person told us; "It is very comfortable, the décor is lovely, curtains different colours, chairs match, I brought some furniture from home, chest of drawers, pictures; wonderful handyman puts the pictures up."
- One relative told us; "[Person] has a room on the ground floor with French windows, terrace so family can see [person]. [Person] loves watching the birds so we have put a pot with a bird feeder." Another relative said; "The facilities are good; café, little sitting rooms, several different designs of décor, gym, sensory room, cinema, room you can book for celebrations. All the rooms decorated differently."
- One person told us: "I normally spend a lot of time in the garden. I am 2nd in charge, it is beautiful, millstone, seats, lovely paths, lavender hedges. I have a patio, have six flowerpots all with bulbs. I am on the sunny side of the home."
- The second floor was designed for people living with dementia and was decorated to suit people's needs. The unit had a sitting room which was developed to offer a sensory environment for people who need to spend time relaxing. A second sitting room was set up with various games, a library corner and access to a large size tablet computer.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager ensured Deprivation of Liberty Safeguards (DoLS) were applied for people whose liberties were being restricted. DoLS applications had been supported by mental capacity assessments and best interest assessments. There were no conditions attached to people's DoLS.
- People's representatives were included in decisions regarding the person's care. One relative said: "We have POA (Power of Attorney), [person] End of life documents are up to date. We are part of Best Interests decisions; they have DOLS in place"
- The acting home manager had received training in mental capacity and deprivation of liberty safeguards and staff had been booked to receive this.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives praised staff's caring approach. People told us: "Staff are very kind and thoughtful" and "I think it's marvellous, very good, like being in a hotel, lovely staff, kind, all of them, nothing too much."
- Relatives comments included: "It is amazing, I cannot fault the care, I have peace of mind and know [person] is looked after" and "They are very to the point and honest, caring and kind."
- We observed people being treated with kindness and respect. Staff sought permission from people before entering their rooms by knocking on their door. They spoke softly and politely to people and kept them in
- One relative told us: "One afternoon I was in the lounge and observed someone away from everyone in the corner talking to themselves, one of the staff came in and engaged [person] ' let me make you a hot lemon, [staff] was very patient and moved [person] out" [relative] said 'you have the patience of a saint' and the staff member said "its my job that's what I do" [Relative] is always clean, tidy and when there was a "Do" they did a bit of make-up." formed of what support with be offered next and offered choices.
- The home has an Equality and Diversity policy in place, staff received Equality and Diversity training and the provider had signed up as a Diversity Champion with an organisation called Stonewall to promote people's diverse needs and lifestyle preferences.
- Staff knew people well and understood the things they liked and made them happy. One staff told us it was important to know about the person, give them choices and promote their independence.

Supporting people to express their views and be involved in making decisions about their care

- Staff and managers worked with people and their families to decide and review how they received care.
- The care documentation we looked at reflected people's voice, their wishes and preferences.
- The home had a monthly system in place called "Resident of the day" which involves an overall review of the care provided to each person, involving them and their relatives. The process covers areas such as housekeeping, maintenance, activities, food choices and medicines. We saw people's care was adjusted when needed following these reviews.
- Relatives told us the 'Resident of the day' system was working well. Their comments included; "On Resident of the day they check anything for [person], if anything needs to change"; "They have Resident of the day, one day a month. Someone calls and goes through any concerns of theirs or mine. This is a bit more formal than normal. They have time to talk it through and it flags on the system and the system reminds them" and "I regularly have a specific phone call with the nurse."
- Alongside this process, people had a named staff member assigned to them and benefitted from regular discussions with their named worker to discuss their support needs, menus and GP involvement.

Respecting and promoting people's privacy, dignity and independence

- People's independence were promoted and they had goals identified in their support plans in various areas of their care, such as maintaining wellbeing and independence in aspects of personal care.
- People told us: "They discuss care. I try myself and if I need help they would help"; "I am pretty independent, life is my own, I go to bed when I want, get up when I want, breakfast in room, lunch in dining room, supper in room. Some male staff help with showering, they ask first, does not bother me" and "I get a choice of when I get up and when go to bed, get up 8, my choice, breakfast in room, lunch I usually go to the dining room."
- Staff received privacy and dignity training. During our inspection we noticed staff treated people with respect and dignity. For example, we observed one person being supported with eating their meal. Staff were talking to the person in a polite manner, using humour to encourage them to eat. They were asking the person if the food is nice and checking to see if they are ready for more food and prompting them to drink.
- One staff member told us that they ensured they involved people in their care by offering choices such as the gender of staff offering support, what to wear, eat, washing routines and ensuring they maintain their abilities and independence. They would ensure communication is tailored when offering choices to people living with dementia, by using simpler language and observing the body language of people with limited verbal communication.
- The service ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR) to keep people's personal information private. GDPR is a legal framework that sets guidelines for the selection and processing of personal information of individuals. Records were stored safely in an online care planning system and in paper form which maintained people's confidentiality.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

This is the first inspection for this newly registered service. This key question has been rated Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Leaders facilitated an exceptionally people focused culture. Staff placed people's wellbeing and involvement in their local community at the heart of their service provision. The provider had worked creatively to support people to contribute to their local community and we found numerous examples that showed how these initiatives had benefitted people and the local community.
- Upton Mill was working with local partners to enhance the experience of people living with dementia when in the community. The home's client service manager was a Dementia Champion and ran regular virtual "Dementia Friends" information sessions. The home also worked in partnership with an Alzheimer's society champion to support the local town to become dementia friendly through advice and support with training.
- Staff and people also told us about their involvement in the local community Health and Wellbeing working group. Through this group the home became involved in raising awareness of dementia amongst local businesses such as shops and hairdressers so that people living in the home would be well supported when accessing these. One staff member also trained to become a SCAM Champion to deliver training and share information to support people not to fall victim to scams when in the community.
- Through building connections with the local community and being involved in local projects, the home was able to engage the people living at Upton Mill in various community projects and activities. This included a tree planting ceremony to celebrate the home becoming carbon neutral in support of a green energy project in Indonesia and people judging the works of art created by pupils at a local school to celebrate Bonfire night.
- People received a flower donation from a local supermarket and were supported to give back to the local community by creating homemade flower arrangements accompanied by a note stating where they came from. These were dotted around the town for the members of the public. In return, a member of the public brought cupcakes to the residents to thank them. This led to the idea of developing a monthly "Pay it forward" activity for people.
- The activities co-ordinator had arranged a visit from the children at a nearby nursery and the local primary school children had a competition to grow sunflowers, which was judged by some of the people.
- The provider organised a radio show for people and families across the group's home to celebrate Mothering Sunday. People were able to listen to messages from their relatives and staff on air and musical dedications. People were also able to share their joy of being reunited with their loved ones when the care home Covid-19 visiting restrictions lifted through an article in the local newspaper.
- People and relatives were complimentary about the activities on offer. One relative told us; "[person] sometimes gets involved in activities, [person] likes flower arranging and one of the activities people brought flowers and a vase and did that one to one with [person]" People told us: "We are usually in the

lounge and playing cards", "They come round with a sheet of things, coffee, indoor skittles, bowls, word games and also somethings in the afternoon, new person now with new ideas"; "We can walk down to see the alpacas" and "There is always plenty going on. I can get about."

- At the time of the inspection, the home had a Covid -19 outbreak and positive cases were registered within the staffing team. The group activities planned has been postponed to reduce the risk of spread of infection and people were offered alternative activities such as one to one sessions.
- People's relatives and friends were able to visit them at Upton Mill Care Home in accordance with Covid-19 safe visiting guidance. People told us: "My daughter lives down the road, my room looks out onto the road, she comes to the road, I have French door and can go out onto patio and see her and speak on the phone. I saw her this morning" and "My daughter lives locally, they offer tea/coffee and make her welcome."
- Relatives comments about visiting included: "Arranging visits is easy on-line, all Covid measures have been grand", "They enabled me and my son and grandchild to go in. We all talked and another time I sent some photos to the staff and they printed them off and took them to show [person] and [person] responded to this" and "They have been very flexible about visiting so nephew and children could go."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The home's trainer had completed a Dementia Care Mapping™ course accredited with the University of Bradford. This course prepared staff to take the perspective of the person with dementia in assessing the quality of the care they provide. We found that staff had an excellent understanding of the adjustments that needed to be made to support people living with dementia to have a good day.
- One person living with dementia, at times would say they have misplaced items of clothing, but they are unable to describe them. The home developed a photographic inventory of all clothing to enable the person to show the staff what items were missing.
- Another example was of changes made to the colouring of the crockery after establishing that due to poor eyesight, the person was not able to visualise their food on the plate.
- The acting home manager gave us an example on how they establish a person living with dementia might be unwell, by monitoring the way the person spoke about their spouse which indicates the person might have an infection.
- The clinical lead nurse told us that, for people living with dementia who found it difficult to eat at set mealtimes, snacks were available throughout the day, such as fruit, biscuits and chocolate. They gave an example of one person who only ever drank half a cup of tea, so staff had arranged to bring them a second half cup when they had finished the first to ensure they were having enough to drink.
- The environment also supported people living with dementia. The dining areas on both floors incorporated an open plan kitchen with see-through cupboard door so the environment can feel more homely for the people living there as well as reducing anxieties and confusion for people living with dementia. Memory boxes with old photos and personal mementos were outside each room. The light switches were coloured red and the communal areas were painted in bright colours.
- The home provided appropriate activities for those people living with dementia, which have included reminiscence sessions, old films, singing and dancing, and seated exercise.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified and assessed. Care documentation includes a communication care plan which highlights preferences and ways in which to communicate with people and

incorporates any professional guidance received from healthcare providers.

- The home had developed a folder for each room for people which includes information in an accessible format related to how to make a complaint, contact details and information related to safeguarding, advocacy and power of attorney, including access to support from an organisation called Hourglass which offers support for older people who have been victims of abuse.

End of life care and support

- The clinical lead told us that there were no people requiring end of life care at present. If anyone required end of life care, the GP and local palliative care team were approached for support and end of life medicines were prescribed. Peoples wishes regarding resuscitation and hospitalisation were recorded in their support plans.

- Some people had End of Life care plans in place which captured their wishes and arrangements. The acting home manager told us that not everyone has a plan in place due to personal choice, but that they encourage both people and their relatives to discuss one.

- Staff were receiving end of life training and the home has put together an End of Life pack for people and their relatives, consisting of a collection of information and resources for people.

Improving care quality in response to complaints or concerns

- The service had received some complaints and concerns since they were registered. These were responded to in line with the providers policies and procedure. Lessons learnt from complaints and concerns are discussed in the monthly clinical governance meetings and any actions identified are incorporated in the home's service improvement plan.

- Feedback from relatives showed that action was taken when an incident took place. They told us that the registered manager talk to them about it and that they were kept informed throughout.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- Staff told us they felt the atmosphere in the home was calm, that there was a really good care team and the morale was good.
- Staff and relatives praised the management of the home. Comments from staff included; "[Acting home manager] is absolutely excellent; very approachable"; "The department heads are all brilliant; easy to talk to and approachable"; [Acting home manager] is amazing, 100% amazing, if we are short, [acting home manager] is straight in; [acting home manager] needs a medal."
- Comments from relatives included; "The management is fine, works well, they talk when they see us", "[Acting home manager] always talks to me if [acting home manager] sees me. The customer service manager is very good, [customer service manager] is the family's first port of call. Care manager is wonderful, very organised manager of the care team." and "They are everything we want them to be."
- The registered manager has been shortlisted for registered manager of the year in 2020 and the home's second chef has been shortlisted for the chef of the year in the Great British Care Awards.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their role. There was a clear management structure in the home and staff had clearly defined roles and responsibilities. The home had plans in place to upskill senior staff in dementia care, PEG (Percutaneous Endoscopic Gastrostomy) feeding and syringe drive.
- A robust system was in place to monitor and improve the quality of care people received. The management team carried out a range of audits in relation to people's medicines, health and safety, nutrition, care plans, infection prevention and control, accidents and incidents and falls.
- The home's audits were recorded on the providers electronic system and all actions identified pulled through automatically into the service improvement plan. The registered manager told us that they check the actions at least once a day and chase these with the specific staff member if needed.
- The provider carried out a six-monthly quality visit of the home. Alongside the quality visit, the provider carried out a range of other audits such as infection prevention and control, human resources and dining and front of house. Other provider oversight was noted, such as an annual health and safety meeting.
- The provider's policies and procedures were available to all staff on an electronic system which enabled the management team to monitor if staff have read new policies and procedures.
- The home held a monthly clinical governance meeting which covers areas such as audits related to

medicines, care plans call bells response times, people's weights, falls, accidents and incidents, skin pressure care, training, complaints, concerns and compliments, infection prevention and control. Any actions from these meetings were recorded on the provider's electronic system and formed part of the service improvement plan.

- The home held a daily "stand up" meeting which was attended by all Head of Departments or a nominated deputy, the nurse and team leaders to ensure any changes in people's needs were identified and addressed.

- The provider had a system in place to assess and determine staffing levels and carried out a monthly call bell analysis which was discussed in the clinical governance meetings.

- The registered manager was fully aware of their legal responsibility to notify CQC of notifiable events. The provider understood their responsibility to be open and honest when an incident had occurred.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- A range of meetings were held to gather people, staff and relatives feedback.

- The residents meetings offered people an opportunity to express views and wishes related to the service. People were able to share ideas about future activities and outings and talk about what they enjoyed from past activities. Actions generated from the residents' meetings were logged onto the provider's electronic system and followed up. In one of the residents' meeting a suggestion was made about having a library in the home. During the inspection we noticed that a library was being set up in one of the sitting rooms.

- Staff told us meetings were held regularly, including meetings for head of departments, team leaders, senior health care assistants and health care assistants. One staff member told us they were given opportunity to raise issues and ask questions which were answered.

- Through the meetings, staff were kept informed about changes in the team, recruitment and some of the topics covered included delegation, teamwork and handovers. Another staff member told us that they feel they can give feedback in the staff meetings and are listened to. Staff told us that the meeting minutes are available on the provider's electronic system.

- Feedback from people and relatives was gathered using "rate our care" forms as well as through the website. The feedback was quantified in the quarterly newsletter produced by the provide for people, relatives and staff. The latest newsletter from Autumn 2021 reported a positive approval rating of 100 percent as a result of the resident questionnaire feedback. The newsletter had a page dedicated to feedback.

Working in partnership with others; Continuous learning and improving care

- The home worked in close partnership with the local community and the Alzheimer's Society to support a dementia friendly community. The home was able to share their experience in supporting one member of the public gain support after beginning to display signs of dementia and helped an IT business who wanted to make dementia friendly literature.

- The management team worked closely with relevant health care professionals as they identified that developing staff's specialist skills would support people's care. This was evident from additional training the home trainer told us team leaders received such as relating to tissue viability, catheter care, NEWS 2 and sepsis. The home also planned to upskill senior staff in PEG care and the use of syringe drivers.